READ ENTIRE CONTRACT before signing

**Personal Information:**

***Information is required – missing information will stall CPPN confirming your participation in program***

First Name: Last Name:

Employee ID #:

Title:

Department Name:

Personal Phone Number:

Work E-mail address:

**Permanent (Home) Mailing Address**

City: State:

Zip:

ANCC Certification Exam Applying for:

*Note: This contract is only valid for the exam type indicated above.*

*If applying for multiple certifications, you must submit a contract for each.*

***This program does not cover any other certifying body or exam such as AAACN - CCRN***

Email form to [CPPN@health.ucdavis.edu](mailto:CPPN@health.ucdavis.edu) or bring in person to 4900 Broadway Suite 1630

**If you have not registered for the exam by the expiration date your contract will expire, and you will need to resubmit a new contract**.

Do not complete this contract if you are not ready to register for your exam.

*Nurses who miss a scheduled appointment to take their exam or allow their permit to lapse without scheduling an exam and without contacting ANCC are considered unexcused instances and will be charged the cost of the exam.*

Not sure if your exam is covered by the ANCC Success Pays™ Program? Check out the ANCC website: <https://www.nursingworld.org/our-certifications/>

CPPN does not administer any ANCC exam or their website. All inquiries concerning an exam should be directed to ANCC.

Expiration Date of Contract:

February 28, 2026

**ANCC Success Pays™ Program Employee Contract**

This Contract for the American Nursing Credentialing Center (ANCC) Success Pays™ Program is made between the person listed below hereafter referred to as “Nurse” and UC Davis Health, Center for Professional Practice of Nursing hereafter referred to as “CPPN” is for participation in the ANCC Success Pays™ Certification Program.

**Contract Agreement – Responsibilities of the Parties – *Read carefully***

**Nurse agrees to:**

1. Enroll as an applicant for one of the American Nurses Credentialing Center (ANCC) Certification exams, using the unique ID Code provided by CPPN, during the period of this Contract, hereafter referred to as “Contract Period.”
2. Nurses will complete a certification exam application through ANCC.

* ***If the Nurse registers for the exam and is unable to meet the terms of this Contract by completing the processes to take the exam (successful or not), CPPN will charge for exam, regardless of a pass or fail outcome as outlined below.***
* If the nurse passes the exam, then the exam fee will be charged at that time to the credit card listed.
* If the nurse is unsuccessful, one additional opportunity to re-take the same exam at no additional cost per Contract Period.
* If the nurse passes the second time around, then the exam fee will be charged at that time to their credit card.
* If the nurse does not pass the second time around, within the contract period the nurse will not be charged.
* ***A nurse who registers for but does not take the exam on the selected window for computer-based testing for any reason will forfeit one opportunity to take the exam.***

1. The Nurse will provide a valid credit card to CPPN to be charged. All credit card information will be kept confidential and shredded after payment is received. Once credit card information is received the ID Code will be given (in-person or to UC Davis email address)
2. CPPN will supply a distinct facility promotional ID code to use when registering for the exam upon receipt of this signed contract and valid credit card information.

# Do not apply for exam until you have received the Unique ID Code from CPPN. If you register and pay for the exam, ANCC will not allow you to change to the Success Pays™ Program.

Examination Fees will be charged per ANCC current exam fees, listed on their website.

**Credit Card Information**

Please bring contract and credit card to CPPN, or email form to CPPN and *call with credit card information*.

* Credit Card Information will be kept confidential and only charged when the nurse passes the exam or fails to complete within the contract limits.
* If the credit card becomes invalid prior to being charged, it is the credit card holder’s responsibility to contact CPPN and update credit card information.

**Contract will not be valid until credit card information has been received.**

By signing below, I agree to register for the examination prior to February 28, 2026, and agree to pay fees as stipulated in this contract.

Employee Signature: Date:

(Either hand or electronic signature is acceptable)

Signature of CPPN: Date:

*Instruction Sheet and Code emailed/hardcopy given to employee. Date: Initials:*

Email form to [CPPN@health.ucdavis.edu](mailto:CPPN@health.ucdavis.edu) or bring in person to 4900 Broadway Suite 1630